

**KENTUCKY BOARD OF LICENSURE FOR OCCUPATIONAL THERAPY**  
**P. O. Box 1360**  
**Frankfort, KY 40602**  
**502/564-3296**

<http://occupations.ky.gov/occupationaltherapy/index.htm>

**REINSTATEMENT APPLICATION FOR LICENSURE AS AN  
OCCUPATIONAL THERAPIST**

**Applicant should submit in typewritten form or print clearly. Attach a check or money order made payable to the Kentucky State Treasurer in the amount of \$75 and mail to the address above.**

**Name** \_\_\_\_\_ **License #**   R  

**Social Security Number** \_\_\_\_\_

**Home Address** \_\_\_\_\_  
Street City State Zip

**Work Address** \_\_\_\_\_  
Street City State Zip

**Phone Number (H)** \_\_\_\_\_ **(W)** \_\_\_\_\_

**Do you currently hold a license in any other state(s)?** Yes \_\_\_\_\_ No \_\_\_\_\_.

**If yes, list the states and attach a copy of your current license(s) or identification card(s) showing the expiration date.**

\_\_\_\_\_

**Do you have any complaints currently pending against a license held by you in any other state(s)?**  
Yes \_\_\_\_\_ No \_\_\_\_\_. **If yes, attach explanation(s).**

**Have you ever had an application for licensure as an occupational therapist rejected?**  
Yes \_\_\_\_\_ No \_\_\_\_\_. **If yes, attach explanation(s).**

**Have you had any disciplinary action taken against a license held by you in any other state(s)?**  
Yes \_\_\_\_\_ No \_\_\_\_\_. **If yes, attach explanation(s).**

**Have you ever been convicted of any felony?** Yes \_\_\_\_\_ No \_\_\_\_\_. **If yes, attach explanation(s).**

**Have you been convicted during the past five (5) years of a misdemeanor or any violation involving moral turpitude?** Yes \_\_\_\_\_ No \_\_\_\_\_. **If yes, attach explanation(s).**

**Have you ever been declared mentally incompetent by a court of competent jurisdiction and not thereafter been declared lawfully sane?** Yes \_\_\_\_\_ No \_\_\_\_\_.

**Date your Kentucky license expired:** \_\_\_\_\_

**(PLEASE TURN OVER AND COMPLETE REVERSE SIDE)**

**List the place(s) of your employment since your Kentucky license expired. Account for all time. If additional space is needed, please attach a separate sheet containing that information.**

Facility	City, State	Dates of Employment	Position
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**Submit completed verification form from each state in which you have held or currently hold a license.**

**Submit completed verification form from NBCOT.**

<b>APPLICANT'S AFFIDAVIT</b>
<p><b>I, the applicant named in the above, do hereby certify under penalty of law that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any such misrepresentation or falsification, my application could be rejected or my license revoked by the Kentucky Board of Licensure for Occupational Therapy.</b></p> <p><b>DATE _____ APPLICANT'S SIGNATURE _____</b></p>

**DO NOT WRITE BELOW THIS LINE -- FOR BOARD AND OFFICE USE ONLY**

**Fee Received: Amount \$ \_\_\_\_\_ Approved \_\_\_\_\_ Not Approved \_\_\_\_\_**

**Date \_\_\_\_\_**